

L16000208485

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

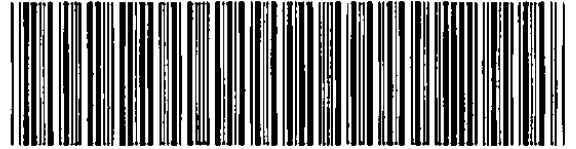
(Business Entity Name)

(Document Number)

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*Statement of Authority*

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 9935 Palomino Dr, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Radosveta Rizzo

Name of Person

9935 Palomino Dr, LLC

Firm/Company

1730 S Federal Highway #309

Address

Delray Beach, FL 33483

City/State and Zip Code

joy.rizzo@usa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Radosveta Rizzo

561

2892585

at ( )

Name of Person

Area Code

Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

FIRST: The name of the limited liability company is: 9935 Palomino Dr, VA, LLC

SECOND: The Florida Document Number of the limited liability company is: L16000208485

THIRD: The street address of the limited liability company's principal office is:

9935 Palomino Dr

Lake Worth, FL 33467

The mailing address of the limited liability company's principal office is:

1730 S. Federal Highway

#309

Delray Beach, Florida 33483

FOURTH: This statement of authority grants or sets limitations of authority on all persons having the status or position of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specific person on the following:

1. May execute an instrument transferring real property held in the name of the company.

a. Granted to: Radosveta Rizzo  
Mela Kandler

b. No authority granted to: Mark DeSimone  
Sky Health Holdings, LLC

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: Radosveta Rizzo  
Mela Kandler

b. No authority granted to: Mark DeSimone  
SKY Health Holdings, LLC

Radosveta Rizzo  
Signature of authorized representative

Radosveta Rizzo  
Typed or printed name of signature

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)

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